

Approved For Release 2002/06/10 : CIA-RDP84-00360R000600020132-8
FOR VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
 Bu. Vou. No. 1082

U. S. **COST REIMBURSABLE**
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
 (Payee)

(Address) (City) (State)

PAID BY
 ENCL #1
 SAPC ER604
 COPY 1 OF 2

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|--|-----------------------------|---|----------|------------|-----|---------|--------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 415 | 58 |
| Use continuation sheet(s) if necessary | | | | | | Total | 415.58 |

PAYMENT:
 Complete
 Partial
 Final

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)
 Differences _____
 Amount verified; correct for _____
 (Signature or initials)

STATOTHR (Sign original only)

Date 12/6/57 *Payee
 Per _____ Title _____
(Signature not required when a like certificate is made by payee on attached bill or basis)

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____
 By _____ Title _____
 Title _____ Date _____
 (Authorized Certifying Officer)
SIGN ORIGINAL ONLY

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
 Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

STATOTHR